

POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM	Patent Number:	6,748,258
	Issue Date:	June 8, 2004
	Application Number:	09/706,584
	Filing Date:	November 3, 2000
	First Named Inventor:	Richard L. Mueller
	Attorney Docket Number:	BSX:318US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32425

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature

Name

Title and Company

BOSTON SCIENTIFIC SCIMED, INC.

Telephone

763-494-2509

Date

September 17, 2008

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.